

Registration Form for MSHAC Exhibition

M-SHAC Show: \_\_\_\_\_

Artist Name: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

Size: \_\_\_\_\_ in. by \_\_\_\_\_ in.      Medium: \_\_\_\_\_

Price: \_\_\_\_\_ or NFS \_\_\_\_\_

Contact Tel. No. \_\_\_\_\_

Address: Street \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_